



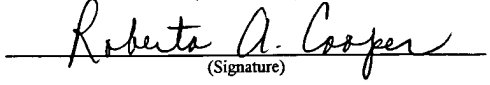
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Atty. Dkt. No. 025782-0114
(f/k/a 035451-0140)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Abdulrahiman et al.
Title: WIRELESS INFORMATION
TRANSMISSION SYSTEM AND
METHOD
Appl. No.: 09/917,070
Filing Date: 7/26/2001
Examiner: Nghi V. Tran
Art Unit: 2558

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 625664965 US	02/21/06
(Express Mail Label Number)	(Date of Deposit)
Roberta A. Cooper	
(Printed Name)	
	
(Signature)	

AMENDMENT TRANSMITTAL

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Amendment and Reply Under 37 CFR 1.111 (33 pages).

[X] The fee required for additional claims is calculated below:

	Claims				Extra				Additional
	As	Previously			Claims		Rate		
	Amended	Paid For			Present				Claims Fee
Total Claims:	90	- 96	=	0	x	\$50.00	=		\$0.00
Independent Claims:	9	- 9	=	0	x	\$200.00	=		\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response filed within the first month:	\$120.00	\$120.00
[] Extension for response filed within the second month:	\$450.00	\$0.00
[] Extension for response filed within the third month:	\$1,020.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$120.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$120.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$120.00

A credit card payment form in the amount of \$120.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2/21/2006

By Chad E. Bement

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Chad E. Bement
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